

BRIGHAM YOUNG UNIVERSITY
Hosted Conferences Project Operating Unit Set-up
Request Return to Terilee Hutchings C-233 ASB

Date: _____

Operating Unit HC- _____
 (Financial Services use only)

PLEASE PROVIDE THE FOLLOWING INFORMATION IN DETAIL.
ATTACH DOCUMENTATION EXPLAINING THE PURPOSE OF THE OPERATING UNIT

1. Account Title (Conference Name): _____
 (Limited to 30 Characters)

2. Long Description: _____

3. Purpose of the Operating Unit (how it will be used): _____

4. Dates of Conference: _____ # of Expected Attendees/Fee per Attendee _____ / _____

5. Date of First Transaction: _____ Date of Last Expected Transaction: _____

6. Describe all sources of funds: _____

7. Source of funding if in deficit: _____

8. Where to send surplus funds: _____

9. Types of expenditures: _____

10. Persons authorized to spend funds (list):

11. Responsible Person:
 Name _____
 Address _____
 Phone/Net ID _____ / _____

Contact Person:
 Name _____
 Address _____
 Phone/Net ID _____ / _____

12. College/Division _____

Dept. Name/# _____

Requested by (Dept use only) _____
 Signature

_____ Email Address _____ Date

Controller Approval (Required) _____
 Signature

_____ Email Address _____ Date

College Dean or Auxiliary Unit Director Approval (Required) _____
 Signature

_____ Date

If e-mail address is provided, notification will be sent when Operating Unit has been activated

Financial Services Use Only

UFS APPROVALS:

 Received Date

 Supervisor Date

 Set up by Date

Revised 10/11/19

19 Designated Interest Yes
 No
 Discuss Conference/Workshop Option